

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/1072542

FILING DATE

5-5-98

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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47					
48					
49					
50					
TOTAL IND.	5				
TOTAL DEP.	40				
TOTAL CLAIMS	45	REOPENED	REOPENED	REOPENED	REOPENED

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS		REOPENED	REOPENED	REOPENED	REOPENED